

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1						51			
1						52			
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1						95			
1						96			
1						97			
1						98			
1						99			
1						100			
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									
6									
30									
35									